



Department of Public Safety
Vermont Criminal Information Center
103 South Main Street
Waterbury VT 05671-2101

MEMORANDUM OF UNDERSTANDING

TO: Vermont Department of Public Safety
Vermont Criminal Information Center
Criminal Records Section
103 South Main Street
Waterbury VT 05671

FROM: Agency Name: _____
Agency Address: _____

Agency Contact: _____
Contact Phone: _____
Email Address: _____

RE: Billing Agreement

Date:

This office agrees to pay \$19.25 (nineteen dollars and twenty-five cents) per record check for an employee, adoptive parent, or armed guard and \$15.25 (fifteen dollars and twenty-five cents) per record check for a volunteer requested from VCIC. To facilitate payment, a billing agreement is entered into by the parties listed above. This office acknowledges that a User Agreement is already on file with VCIC.

Billing will occur each month on the 5th day of the month. Payment in full is expected within 30 days of the date of the invoice. In the event that payments are not made in a timely fashion, VCIC reserves the right to discontinue processing record checks until such time as outstanding accounts are paid.

Name of Agency Contact: _____ Date: _____
Signature of Agency Contact: _____ Date: _____
Name of VCIC Contact: _____ Date: _____
Signature of VCIC Contact: _____ Date: _____